

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000278553

Entity Name: SHADOWFAX PARTNERS, LLC

Current Principal Place of Business:

594 FIRST ST
S. JACKSONVILLE EACH, FL 32250

Current Mailing Address:

594 1ST STREET
S. JACKSONVILLE BEACH, FL 32250 US

FEI Number: 87-1230866

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LARKIN, KIM
594 1ST STREET
S. JACKSONVILLE BEACH, FL 32250 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name COHEN, JASON
Address 7604 GALLEON WAY
City-State-Zip: CARLSBAD CA 92009

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JASON COHEN

MANAGER

03/10/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date